

Disclosing Agency Name, Address, Phone & Fax:    Information to be provided to:   Minnesota Hospice 17645 Juniper Path, Suite 155 Lakeville, MN 55044 P 952-898-1022 F 952-898-4006	Patient:	DOB:
Patient Name & Address:  Date of Birth:  Patient's Phone:  Disclosing Agency Name, Address, Phone & Fax:  Information to be provided to:  Minnesota Hospice 17645 Juniper Path, Suite 155 Lakeville, MN 55004 P 952-898-1002 F 952-898-002 F 952-898-006  The purpose or need for this disclosure is Hospice. Please include 6 months of information for the items checked below.  Discharge summary Lab results Photographs, videotapes, or other images Consultation reports HIV/AIDS test results and treatment if applicable Alcohol/drug abuse treatment/referral if applicable Alcohol/drug abuse as defined in 42 CFR Part 2, mare is research related.  Understand that information disclosed by this authorization, except for Alcohol and Drug Abuse as defined in 42 CFR Part 2, mare is research related.  Understand that information disclosed by this authorization, except for Alcohol and Drug Abuse as defined in 42 CFR Part 2, mare is research related.  Understand that information disclosed by this authorization, except for Alcohol and Drug Abuse as defined in 42 CFR Part 2, mare is research related.  Understand that i	AUTHORIZATION TO RELEASE HEALTH	INFORMATION
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Disclosing Agency Name, Address, Phone & Fax:  Information to be provided to:  Minnesota Hospice 17645 Juniper Path, Suite 155 Lakeville, MN 55044 P 952-898-1022 F 952-898-006  The purpose or need for this disclosure is Hospice. Please Include 6 months of information for the items checked below.  Discharge summary Discharge summary History and physical exam Consultation reports HISTORY and physical exam Consultation reports HIV/AIDS test results and treatment if applicable Alcohol/drug abuse treatment/referral if applicable Alcohol/drug abuse treatment/referral if applicable Understand that I may revoke this authorization in writing submitted at any time to the company, except to the extent that action has already been taken on this authorization or this authorization was obtained as a condition of obtaining insurance coverage or a policy in which case other law may provide the insurer with the right to contest a claim under the policy.  If this authorization has not been revoked, it will terminate one year from the date of my signature unless a different expiratio date is stated here. Specify new date:  understand that the company will not condition treatment or eligibility for care on my providing this authorization except if su are is research related.  understand that information disclosed by this authorization, except for Alcohol and Drug Abuse as defined in 42 CFR Part 2, my subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability rivacy Rule [45 CFR Part 164] and the Privacy Act of 1974 [5 USC 552a].  This information is to be released for the purpose stated above and may not be used by the recipient for any other purpose.		
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☐ Lab results ☐ Photographs, videotapes, or other images ☐ History and physical exam ☐ Mental health - other than psychotherapy notes ☐ X-Ray reports ☐ X-Ray reports ☐ X-Ray reports ☐ Summary of treatment ☐ Alcohol/drug abuse treatment/referral if applicable ☐ Other ☐		17645 Juniper Path, Suite 155 Lakeville, MN 55044 P 952-898-1022
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action has already been taken on this authorization or this authorization was obtained as a condition of obtaining insurance coverage or a policy in which case other law may provide the insurer with the right to contest a claim under the policy.  If this authorization has not been revoked, it will terminate one year from the date of my signature unless a different expiration	<ul> <li>✓ Lab results</li> <li>✓ History and physical exam</li> <li>✓ Consultation reports</li> <li>✓ HIV/AIDS test results and treatment if applicable</li> </ul>	<ul> <li>✓ Photographs, videotapes, or other images</li> <li>✓ Mental health - other than psychotherapy notes</li> <li>✓ X-Ray reports</li> <li>✓ Summary of treatment</li> </ul>
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